

ZSFG CHIEF OF STAFF REPORT
Presented to the JCC-ZSFG on June 28, 2022
June 2022 MEC Meeting

CLINICAL SERVICE REPORT:

Otolaryngology – Head and Neck Surgery (OHNS) – Marika Russell, MD, Chief

Highlights include:

1. UCSF Departmental Personnel and Structure – The UCSF Department Chairman is Dr. Andrew Murr. The Department's divisions are the following: (1) Head and Neck and Skull Base Surgery; (2) Otolaryngology; (3) Laryngology and Voice Disorders; (4) Facial Plastic and Reconstructive Surgery; Pediatric Otolaryngology; and (5) Rhinology/Sinus Surgery and General Otolaryngology.
2. Faculty and Residents
 - a. Faculty
 - ZSFG OHNS Core Clinical Faculty- The ZSFG Core Clinical Faculty is a smaller team, with Dr. Russel as the only full time faculty at ZSFG. Other Core faculty with varying specialties (i.e., thyroid/parathyroid surgery, head and neck oncologic surgery, general otolaryngology, facial trauma surgery, and others) and corresponding FTE hours were noted.
 - UCSF OHNS Fellows, 2021-2022 –Care is regularly provided by 2 non-ACGME fellows who function in an attending capacity at ZSFG.
 - ZSFG OHNS Clinical Faculty – Drs. Andrew Murr and Andrew Goldberg provide coverage at ZSFG.
 - ZSFG OHNS Volunteer Faculty- Some alumni with private practice in the city serve as volunteer faculty in providing care.
 - b. Residents
 - Profile and Number - There has been increased racial diversity and gender equity. The graduating class will all be women which will be the first occurrence in the program's history. There are 4 residents this year with 3 residents next year. After so, there will be 5 residents annually.
 - Resident Program – The residents gain broad clinical experience in the OR, outpatient clinic, consultative service, emergent/elective services and trauma. The ZSFG OHNS Service is resident-facilitated, with a PGY4 chief resident, and with residents themselves engaged in hands-on management of services (i.e., manage OR schedule and resident assignments). Dr. Russell, through years as Service Chief, has enabled strong attending oversight and engagement in all areas of care provided by residents.
 - Education – The education is fairly robust and primarily conducted at UCSF as a group. There are daily rounds and weekly meetings.
 - c. ZSFG Call- Resident and faculty calls are managed dynamically with the Department's small team. The resident calls are managed to ensure residents' compliance with duty-hour requirements. The faculty calls are 24/7/365 and fulfilled by all UCSF OHNS faculty.
3. Clinical Scope of Service
 - a. Services - They are as follows: operating room, inpatient service, outpatient clinic, eConsult, inpatient consultation, emergency department, urgent care/primary care clinics consultation, and LHH.

- b. Clinical Schedule - A small daily team comprising of 3 residents and 1 - 2 attending physicians are preoccupied with clinical care throughout the day; all other services are provided in addition to this.
- c. Clinical Volume
 - Ambulatory Visits - The volume of visits for the past decade was presented. Prior to the pandemic, the average visits were 4K – 5K per year. With many restrictions on space and staff needs due to the pandemic, the number of visits significantly decreased. After which, the volume has been steady, but there is still a backlog of patients awaiting service.
 - eConsults- These are managed on a monthly basis. Dr. Marika Russell personally responds to them for the past years and ensures they are attended to in consideration of reduced clinic capacity.
 - OR– The OR Volume has been kept at a busy pace. Even during the pandemic, the case volume continued to be high;
 - Audiology – It is a separate service and contracted through the UCSF Medical Center without direct oversight from the Department. This service has a full clinic schedule of 5 days/week. However, there is limited clinical capacity with utilization of a booth that functions with only 1 patient at a time.
- 4. Performance Improvement and Patient Safety Initiatives
 - a. TNAA (Third Next Available Appointment) – This has been the focus over the past years, marked by challenges. With a small service and 2 core faculty on family leave in February 2022, Dr. Russell was left to attend to all appointments. To anticipate this situation, Saturday clinics were set up with residents and faculty to address patient backlog. These Saturday clinics are well received by both patients and faculty.
 - b. No-Show Rate – Historically, the rate was in the 40% range that has been successfully reduced to around 20% or under for the past months. There have been ongoing efforts to analyze no-show rate by REAL (Race, Ethnicity, and Language) data.
 - c. Time Out Completion – A standard process for time out completion was initiated to address differences in categorizing tasks as procedures or otherwise by the Department and by regulatory agencies.
 - d. FCOTS (First Case On Time Starts) – This metric determines whether cases start on time (7:30 am) and depends on several factors such as punctuality by patients, presence of team members, and the like. Best efforts are executed, marked by residents’ effectiveness.
 - e. Administrative Service – Administrative responsibilities by providers, relating to their participation in various committees, were noted.
- 5. Education – The robust OHNS Residency Program includes electives for medical students, scope training, lecture series, and other educational offerings. Dr. Russell pointed out that resident wellness is a priority for the Department.
- 6. Research – The Department has been more of a clinical service with less focus on research in recent years. The clinical and outcomes research has included areas on the following: (1) disparities and outcomes in head and neck cancer treatment, (2) systems delivery research, and (3) trauma. Moreover, there has been collaborative efforts on Head and Neck Sensorimotor research laboratory.
- 7. Finances – The Department has posted consistent productivity over time.
 - a. Payor Mix - Similar to other services, the FY 2020-2021 payor mix arises mostly from Managed Care.

- b. Professional Fee Collection Ratio – The ratio has been fairly stable over time.
 - c. Payments – For FY 2020-2021, the Contract Dollars primarily supported the Department's service, and collections were slightly above \$400K. Thus, the Department extensively relies on affiliation funds to support its services. There was some PIP funding which was helpful.
8. Current State - Clinical staffing is currently at 1.8 FTE. There are unsupported clinical activities: (1) inpatient rounding, (2) inpatient/ED consultation, and (3) subspecialty expertise.
9. Summary
- a. Mission-drive service, committed to ZSFG True North Metrics
 - b. Strong resident program with ample educational opportunities
 - c. Stable clinical enterprise; room for growth in research and education
 - d. Financial lean operation and staffing model

Dr. Russell informed members that she will be leaving ZSFG and UCSF as of June 18, 2022. She thanked members for the collaborative work and support. Members thanked Dr. Russell for her outstanding leadership and valuable clinical contributions through the years.